

REPLACEMENT RENTAL DETERMINATION

| | | |
|-----------|------------------------------|----------------------|
| DISPLACEE | ADDRESS OF ACQUIRED DWELLING | OCCUPIED SINCE (M/Y) |
|-----------|------------------------------|----------------------|

OCCUPANT INFORMATION

| | | | | | |
|---|----------------------|---------------------|--|-----------------------|-------|
| # OF PARENTS: | TOTAL # OF CHILDREN: | # OF MALE CHILDREN: | AGES: | # OF FEMALE CHILDREN: | AGES: |
| # OF OTHER MALES IN HOUSEHOLD (Not included above) | | | # OF OTHER FEMALES IN HOUSEHOLD (Not included above) | | |
| ANNUAL HOUSEHOLD INCOME: (Attach Form 774 when income is used in computation below) \$ | | | HUD ANNUAL INCOME LIMIT: \$ | | |

ACQUIRED DWELLING INFORMATION

| | | |
|---------------------------------------|---|---|
| SQUARE FEET | # OF BEDROOMS | |
| ACTUAL RENT + UTILITIES = TOTAL \$ | ECONOMIC RENT + UTILITIES = TOTAL \$ | 30% OF MONTHLY INCOME (If Annual Household Income is less than HUD Annual Income) \$ |

COMPARABLE RENTALS

| | | | | |
|------------|----------------|-------------------|-------------|--------------------------|
| HEAT \$ | ELECTRIC \$ | WATER/SEWER \$ | TOTAL \$ | |
| | ADDRESS | SQUARE FEET | BEDROOMS | RENT + UTILITIES = TOTAL |
| 1* | | | | \$ |
| 2 | | | | \$ |
| 3 | | | | \$ |

COMPUTATIONS

| | | |
|--|------------------------------|----|
| COMPARABLE RENT + UTILITIES | \$ _____ / MONTH X 42 MONTHS | \$ |
| MINUS LESSER OF: | | |
| <input type="checkbox"/> ACTUAL RENT + UTILITIES | \$ _____ / MONTH X 42 MONTHS | |
| <input type="checkbox"/> ECONOMIC RENT + UTILITIES | \$ _____ / MONTH X 42 MONTHS | \$ |
| <input type="checkbox"/> 30% OF MONTHLY INCOME | \$ _____ / MONTH X 42 MONTHS | |
| DISPLACEE IS ENTITLED TO A RENT SUPPLEMENT OF: | | \$ |
| OR | | |
| DISPLACEE IS ENTITLED TO A PURCHASE DOWN PAYMENT OF: | | \$ |

REMARKS:

LAST RESORT (Check if any apply):

- ☐ RENT SUPPLEMENT/PURCHASE DOWN PAYMENT EXCEEDS \$7,200
- ☐ DISPLACEE HAS RESIDED IN THE ACQUIRED DWELLING FOR LESS THAN 90 DAYS PRIOR TO THE INITIATION OF NEGOTIATIONS.

CERTIFICATION

I hereby certify that this determination of supplemental payment is to be used in connection with a Federal-Aid Highway Project. I have no direct or indirect present or planned future personal interest in this property, nor in any way benefit as a result of the acquisition of the property involved in this transaction. I have verified that the named displacee has been in occupancy as noted. I have reviewed all listings, and in my opinion the listings meet the standards prescribed for decent, safe, and sanitary housing. The basis for determination of the supplemental payment is as shown above.

| | | |
|-------------------------|------------|------|
| PREPARED BY (Signature) | NAME/TITLE | DATE |
| REVIEWED BY (Signature) | NAME/TITLE | DATE |
| JOB NO. | PARCEL | NAME |
| LOCAL AGENCY NAME | | |

* Most expensive DS&S comparable.

SALE LISTINGS

| | ADDRESS | SQUARE FEET | BEDROOMS | LISTING PRICE |
|----|---------|-------------|----------|---------------|
| 1* | | | | \$ |
| 2 | | | | \$ |
| 3 | | | | \$ |

* Most expensive DS&S comparable.